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| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |                                                                                                                                                                                                                               |                                           |                                             |                                             | Application or Docket Number<br>09/886,153 |                        | Filing Date<br>06/22/2001 |           | To be Mailed               |                        |                       |                            |   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|--------------------------------------------|------------------------|---------------------------|-----------|----------------------------|------------------------|-----------------------|----------------------------|---|
| APPLICATION AS FILED – PART I                                                                                                   |                                                                                                                                                                                                                               |                                           |                                             |                                             | OTHER THAN<br>SMALL ENTITY                 |                        |                           |           |                            |                        |                       |                            |   |
| (Column 1)                                                                                                                      |                                                                                                                                                                                                                               |                                           | (Column 2)                                  |                                             | SMALL ENTITY <input type="checkbox"/>      |                        | OR                        |           |                            | SMALL ENTITY           |                       |                            |   |
| FOR                                                                                                                             | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                              |                                             |                                             | RATE (\$)                                  | Fee (\$)               |                           |           |                            | RATE (\$)              | Fee (\$)              |                            |   |
| <input checked="" type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                  | N/A                                                                                                                                                                                                                           | N/A                                       |                                             |                                             | N/A                                        |                        |                           |           |                            | N/A                    | 710                   |                            |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (i), or (m))                                                            | N/A                                                                                                                                                                                                                           | N/A                                       |                                             |                                             | N/A                                        |                        |                           |           |                            | N/A                    |                       |                            |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       | N/A                                                                                                                                                                                                                           | N/A                                       |                                             |                                             | N/A                                        |                        |                           |           |                            | N/A                    |                       |                            |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                | minus 20 =                                                                                                                                                                                                                    | *                                         |                                             |                                             | X \$ =                                     |                        |                           |           |                            | X \$ =                 |                       |                            |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          | minus 3 =                                                                                                                                                                                                                     | *                                         |                                             |                                             | X \$ =                                     |                        |                           |           |                            | X \$ =                 |                       |                            |   |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                                                                                                                                                               |                                           |                                             |                                             | TOTAL                                      |                        |                           |           |                            | TOTAL                  |                       | 710                        |   |
| APPLICATION AS AMENDED – PART II                                                                                                |                                                                                                                                                                                                                               |                                           |                                             |                                             | OTHER THAN<br>SMALL ENTITY                 |                        |                           |           |                            |                        |                       |                            |   |
| AMENDMENT                                                                                                                       | (Column 1)                                                                                                                                                                                                                    |                                           |                                             | (Column 2)                                  |                                            | (Column 3)             |                           |           | SMALL ENTITY               |                        | OR                    | OTHER THAN<br>SMALL ENTITY |   |
|                                                                                                                                 | 05/14/2009                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                           | RATE (\$)              | ADDITIONAL<br>FEE (\$)    |           | RATE (\$)                  | ADDITIONAL<br>FEE (\$) |                       |                            |   |
|                                                                                                                                 | Total (37 CFR<br>1.16(j))                                                                                                                                                                                                     | * 56                                      | Minus                                       | ** 86                                       | = 0                                        | X \$ =                 |                           |           | OR                         | X \$52=                |                       | 0                          |   |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               | * 9                                       | Minus                                       | ***11                                       | = 0                                        | X \$ =                 |                           |           | OR                         | X \$220=               |                       | 0                          |   |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | TOTAL<br>ADD'L<br>FEE  |                           |           |                            |                        | TOTAL<br>ADD'L<br>FEE |                            | 0 |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | OR                     |                           |           |                            |                        | OR                    |                            |   |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | TOTAL<br>ADD'L<br>FEE  |                           |           |                            |                        | TOTAL<br>ADD'L<br>FEE |                            | 0 |
| AMENDMENT                                                                                                                       | (Column 1)                                                                                                                                                                                                                    |                                           |                                             | (Column 2)                                  |                                            | (Column 3)             |                           |           | OTHER THAN<br>SMALL ENTITY |                        |                       |                            |   |
|                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |                                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                            | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |                           | RATE (\$) | ADDITIONAL<br>FEE (\$)     |                        |                       |                            |   |
|                                                                                                                                 | Total (37 CFR<br>1.16(j))                                                                                                                                                                                                     | *                                         | Minus                                       | **                                          | =                                          | X \$ =                 |                           |           | OR                         | X \$ =                 |                       |                            |   |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               | *                                         | Minus                                       | ***                                         | =                                          | X \$ =                 |                           |           | OR                         | X \$ =                 |                       |                            |   |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | TOTAL<br>ADD'L<br>FEE  |                           |           |                            |                        | TOTAL<br>ADD'L<br>FEE |                            | 0 |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | OR                     |                           |           |                            |                        | OR                    |                            |   |
|                                                                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            | TOTAL<br>ADD'L<br>FEE  |                           |           |                            |                        | TOTAL<br>ADD'L<br>FEE |                            | 0 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |
| Legal Instrument Examiner:<br>/GLORIA TRAMMELL/                                                                                 |                                                                                                                                                                                                                               |                                           |                                             |                                             |                                            |                        |                           |           |                            |                        |                       |                            |   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Legal Instrument Examiner:  
/GLORIA TRAMMELL/

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.